MAY 24 2006

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State
06-05-2006 90146 014 ****61.25

DOCUMENT # N21650

1. Entity Name
SECTION ON HEALTH POLICY & ADMINISTRATION OF THE AMERICAN PHYSICAL THERAPY ASSOCIATION, INC.

50020587

Principal Place of Business	Mailing Address
PO BOX 4553 MISSOULA, MT 59806-4553	PO BOX 4553 MISSOULA, MT 59806-4553

02062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 34-1179218 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARTHUR, PARTICK R
UNIVERSITY OF FLORIDA-PHYSICAL THERAPY
12901 BRUCE B. DOWNS BOULEVARD MDC77
TAMPA, FL 33612-4766

7. Name and Address of New Registered Agent

Name HELEN L. MASIN PT, PhD
Street Address (P.O. Box Number is Not Acceptable) 2791 SW 23rd AVENUE
City COCONUT GROVE **FL** Zip Code 33133-3142

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Helen L. Masin 3/19/06
Signature, name of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LUEDTKE-HOFFMAN, KATHLEEN 7505 VISTA RIDGE COURT GARLAND, TX 75044	☒ Delete	S LINDA BEREZNY, P.T. 8037 CALLE PINON CARLSBAD, CA 92009-6969	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RESNIK, CHERYL 1540 EAST ALCAZAR CHP 155 LOS ANGELES, CA 90089	☒ Delete	VPD ANGELA M. Phillips, PT 407 South Shore Drive Amarillo, Tx 79118-8014	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SINOTT, MARY 66 E PLUMSTEAD AVE LANSDOWNE, PA 19050	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SPILLANE, DENNIS 5136 MT ARARAT DR SAN DIEGO, CA 921113846	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary C. Arnold PT, DPT 2/6/06 215-707-5961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #